

Appendix 9
Local Education Agency Certification of Matching Funds for
School Based Services Medicaid Reimbursement

I hereby certify that:

- Local funds not less than the amount of \$_____ for the fiscal year 19__ represent expenditures for Medicaid-covered services provided to Medicaid-eligible children, and consequently are eligible for federal financial participation under Title XIX of the Social Security Act;
- these local funds are not obligated to match other federal funds for any federal program; and
- these local funds are not federal funds, unless they are federal funds that are authorized by federal law to be used to match other federal funds.

Signature of Local Education Agency
Authorized Representative

Local Education Agency Name

Medicaid Provider Number